PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									Application or Docket Number 10/003697				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 30					1			RATE FEE		7	RATE		ص ا
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FE	€ 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3√ mi	nus 20=	٠	iC		X\$ 9=		OR			╢ =
INDEPENDENT CLAIMS			5 m	inus 3 =	•	2		X40=			You		∦ ₹
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT		<u> </u>					OR			 ≥
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=		5
TOTAL(OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		r
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABLE COL
NO.	Total		Minus	••		=		X\$ 9=		OR	X\$18=		
ME	Independent	. 1	Winita	VV	T C	-		X40=		1	X80=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/	 	OR			
								+135=		OR	+270=		
1/	1/00		•				A	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE		
•′	/// 09	(Column 1)	S 80 08	(Colun		(Column 3)	Œ		V	n 6			
AMENDMENT B	mention to the	REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	÷
	Total	.29	Minus	**		=		X\$ 9=	- /	OR	X\$18=		
	Independent	. 3	Minus	1.76.				X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135= /		OR	+270=	/.	
	1.1						L	TOTAL		OR	TOTAL ADDIT PEE		
5	116/15	(Column 1)		(Colun	nn_2)	(Column 3)	Α	IDDIT. FEE		#	ADDIT PEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₩Q₽	Total	. 35	Minus	30	0	= 5		X\$ 9=	/	OR	X\$18=	250.14	Vai .
IME	Independent	. 4	Minus	••• 2	5	=	-	X40=	 		X80=	000.7	1 13, "
S	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 / -	OR	7.00-	/	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onler "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3/enter "3."												·	